

# Indiana Patient Registry Training

Initial Assessment

This tab is used to capture information regarding the patient's care during the time in the ED including vitals, prescriptions, and test results.

# Initial Assessment Screen

Demographics	Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbid
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▼ Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116

Validity: 46%  
 Status: In Progress  
 Lock: Unlocked  
 Import Status: Typed In  
 Entered: 08/13/12 by Derek Zollinger

Trauma R  
 Medical Record  
 NTR

⚠ Initial Assessment has not been submitted.

### Vital Signs

Date/Time	BP	Pulse Rate	Resp Rate	SpO2	GCS	RTS
No Vitals Have Been Entered						
Vitals Date: [Date] Time: [Time] (HHmm)				Temperature: [C] [F]	Sys. BP: [ ] Dia. BP: [ ]	
Glasgow Eye: Not Applicable				Calc. GCS: [ ] Manual GCS: [ ] RTS: [ ]	Supplemental Oxygen: [ ]	
Glasgow Verbal: Not Applicable						
Glasgow Motor: Not Applicable						
GCS Qualifier (Up to 3):						
<div>             Not Applicable              Patient Chemically Sedated              Obstruction to the Patients Eye              Patient Intubated           </div>						

\* will be automatically calculated if possible.

Add Vital Sign Save Order Cancel

You know you are on the “Initial Assessment” tab when the tab is highlighted. The information on the screen should be the same as what you see here.

# Initial Assessment Screen – Vital Signs

**Vital Signs**

Date/Time	BP	Pulse Rate	Resp Rate	SpO2
No Vitals Have Been Entered				
Vitals Date <input type="text"/> Time <input type="text"/> (HHmm)				Temperature <input type="text"/> °C <input type="text"/> °F * Calc. GCS <input type="text"/> Manual GCS <input type="text"/> RTS <input type="text"/> *
Glasgow Eye <input type="text"/>				
Glasgow Verbal <input type="text"/>				
Glasgow Motor <input type="text"/>				
GCS Qualifier (Up to 3) <input type="text"/>				
<input type="text"/> * = will be automatically calculated if p				
<input type="button" value="Add Vital Sign"/> <input type="button" value="Save Order"/> <input type="button" value="Cancel"/>				

**Rx**

Airway Management   
CPR Performed   
Units of Blood:

**CT**

CT Head:   
CT Abd/Pelvis:

Date Sent To CT:   
Abdominal Ultrasound Date:

The “Vitals Date” element (TR18.104) is defined as the date of first recorded vitals in the ED/Hospital. If you would prefer not to type the date in, click on the calendar icon and select a date.

The “Vitals Time” element (TR18.110) is defined as the time of first recorded vitals in the ED/Hospital.

## Initial Assessment Screen – Vital Signs (2)

**Vital Signs**

Date/Time	BP	Pulse Rate	Resp Rate	SpO2
No Vitals Have Been Entered				
Vitals Date <input type="text"/> Time <input type="text"/> (HHmm)				Temperature <input type="text"/> °C <input type="text"/> °F *
Glasgow Eye <input type="text"/> *				Calc. GCS <input type="text"/> Manual GCS <input type="text"/> RTS <input type="text"/> *
Glasgow Verbal <input type="text"/> * Patient's Age is over 2 yrs.				
Glasgow Motor <input type="text"/> * Patient's Age is over 2 yrs.				
GCS Qualifier (Up to 3) <input type="text"/> *				
<div>           Not Applicable            Patient Chemically Sedated            Obstruction to the Patients Eye            Patient Intubated         </div>				
<div>           Add Vital Sign Save Order Cancel         </div>				

**Rx**

Airway Management  Not Applicable  
 CPR Performed  Not Applicable  
 Units of Blood:

**CT**

CT Head:  Not Applicable  
 CT Abd/Pelvis:  Not Applicable  
 Date Sent To CT:   
 Abdominal Ultrasound Date:

The “Glasgow Eye” element (TR18.14) is defined as the first recorded Glasgow Coma Score for the eye in the ED/Hospital within 30 minutes or less of ED/Hospital arrival time. This value is used to calculate the overall GCS score for the ED/Hospital. Select an option from the drop-down menu. This is a national and state data element.

The “Glasgow Verbal” element (TR18.15.2) is defined as the first recorded Glasgow Coma Score for verbal in the ED/Hospital within 30 minutes or less of ED/hospital arrival time. This value is used to calculate the overall GCS score for the ED/Hospital. Select an option from the drop-down menu. This is a national and state data element.

## Initial Assessment Screen – Vital Signs (3)

**Vital Signs**

Date/Time	BP	Pulse Rate	Resp Rate	SpO2
No Vitals Have Been Entered				

Vitals Date  Time  (HHmm)

Temperature  
 °C  °F \*

Glasgow Eye  Not Applicable \*

Glasgow Verbal  Not Applicable \* Patient's Age is over 2 yrs.

Glasgow Motor  Not Applicable \* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Not Applicable
Patient Chemically Sedated
Obstruction to the Patients Eye
Patient Intubated

Calc. GCS  Manual GCS  RTS  \*

\* = will be automatically calculated if p

Add Vital Sign Save Order Cancel

**Rx**

Airway Management  Not Applicable

CPR Performed  Not Applicable

Units of Blood:

**CT**

CT Head:  Not Applicable

CT Abd/Pelvis:  Not Applicable

Date Sent To CT:

Abdominal Ultrasound Date:

The “Glasgow Motor” element (TR18.16.2) is defined as the first recorded Glasgow Coma Score for motor in the ED/Hospital within 30 minutes of ED/hospital arrival. This value is used to calculate the overall GCS score for the ED/Hospital. Select an option from the drop-down menu. This is a national and state data element.

The “GCS Qualifier” element (TR18.21) is defined as the documentation of factors potentially affecting the first assessment of GCS in the ED/Hospital. Select multiple qualifiers (up to three) by holding down the ‘Shift’ key. This is a national and state data element.

## Initial Assessment Screen – Vital Signs (4)

Date/Time	BP	Pulse Rate	Resp Rate	SpO2	GCS	RTS	PTS	Temp
No Vitals Have Been Entered								
als Date: <input type="text"/> Time: <input type="text"/> (H:Mmm)				Temperature: <input type="text"/> °C <input type="text"/> °F	Sys. BP: <input type="text"/> Dia. BP: <input type="text"/>	Pulse Rate: <input type="text"/> Respiratory Rate: <input type="text"/>	Oxygen Saturation: <input type="text"/>	
gow Eye: <input type="text"/> Not Applicable				Calc. GCS: <input type="text"/> Manual GCS: <input type="text"/> RTS: <input type="text"/>	Supplemental Oxygen: <input type="text"/>	Resp. Assistance: <input type="text"/>		
w Verbal: <input type="text"/> Not Applicable								
xw Motor: <input type="text"/> Not Applicable								
(Up to 3)								
<input type="text"/> Not Applicable <input type="text"/> Patient Chemically Sedated <input type="text"/> Obstruction to the Patients Eye <input type="text"/> Patient Intubated								
<input type="text"/> = will be automatically calculated if possible.								
<input type="button" value="Add Vital Sign"/> <input type="button" value="Save Order"/> <input type="button" value="Cancel"/>								

The “Temperature” element (TR18.30) is defined as the first recorded temperature (in degrees Celsius or Fahrenheit) in the ED/Hospital within 30 minutes or less of ED/hospital arrival. Enter Celsius or Fahrenheit and it will auto-generate the Fahrenheit or Celsius, respectively. This is a national and state data element.

The “Sys. BP” element (TR18.11) is defined as the first recorded systolic blood pressure in the ED/Hospital within 30 minutes or less of ED/Hospital arrival. It is used to auto-calculate the Revised Trauma Score for the ED. This is a national and state data element.

## Initial Assessment Screen – Vital Signs (5)

Date/Time	BP	Pulse Rate	Resp Rate	SpO2	GCS	RTS	PTS	Temp
No Vitals Have Been Entered								
als Date: <input type="text"/> Time: <input type="text"/> (HH:mm)				Temperature: <input type="text"/> °C <input type="text"/> °F	Sys. BP: <input type="text"/> Dia. BP: <input type="text"/>	Pulse Rate: <input type="text"/> Respiratory Rate: <input type="text"/>	Oxygen Saturation: <input type="text"/>	
gow Eye: <input type="text"/>				Calc. GCS: <input type="text"/> Manual GCS: <input type="text"/> RTS: <input type="text"/>	Supplemental Oxygen: <input type="text"/>	Resp. Assistance: <input type="text"/>		
w Verbal: <input type="text"/>								
w Motor: <input type="text"/>								
(Up to 3) <input type="text"/>								
<input type="text"/> Patient's Age is over 2 yrs. <input type="text"/> Patient's Age is over 2 yrs. <input type="text"/> Patient Chemically Sedated <input type="text"/> Obstruction to the Patients Eye <input type="text"/> Patient Intubated								
<input type="button" value="Add Vital Sign"/> <input type="button" value="Save Order"/> <input type="button" value="Cancel"/>								

CT

The “Dia. BP” element (TR18.13) is defined as the first recorded diastolic blood pressure in the ED/Hospital within 30 minutes or less of ED/Hospital arrival.

The “Pulse Rate” element (TR18.2) is defined as the first recorded pulse (palpated or auscultated) rate in the ED/Hospital within 30 minutes or less of ED/Hospital arrival, expressed as a number per minute. This is a national and state data element.

## Initial Assessment Screen – Vital Signs (6)

Date/Time	BP	Pulse Rate	Resp Rate	SpO2	GCS	RTS	PTS	Temp	
No Vitals Have Been Entered									
Date: <input type="text"/> Time: <input type="text"/> (HHmm) GOW Eye: <input type="text"/> * w Verbal: <input type="text"/> * Patient's Age is over 2 yrs. w Motor: <input type="text"/> * Patient's Age is over 2 yrs. (Up to 3) Not Applicable Patient Chemically Sedated Obstruction to the Patients Eye Patient Intubated				Temperature: <input type="text"/> °C <input type="text"/> °F * Calc. GCS: <input type="text"/> Manual GCS: <input type="text"/> RTS: <input type="text"/> * * = will be automatically calculated if possible.	Sys. BP: <input type="text"/> * Supplemental Oxygen: <input type="text"/> *	Dia. BP: <input type="text"/> * Not Applicable	Pulse Rate: <input type="text"/> * Not Applicable	Respiratory Rate: <input type="text"/> * Not Applicable	Oxygen Saturation: <input type="text"/> * Resp. Assistance: <input type="text"/> *
<input type="button" value="Add Vital Sign"/> <input type="button" value="Save Order"/> <input type="button" value="Cancel"/>									

The “Resp. Rate” element (TR18.7) is defined as the first recorded respiratory rate in the ED/Hospital within 30 minutes of ED/Hospital arrival, expressed as a number per minute. It is used to auto-calculate the Revised Trauma Score for the ED. This is a national and state data element.

The “SpO2” element (TR18.31) is defined as the first recorded oxygen saturation in the ED/Hospital. This is a national and state data element.



# Initial Assessment Screen – Vital Signs (7)

Date/Time	BP	Pulse Rate	Resp Rate	SpO2	GCS	RTS	PTS	Temp
No Vitals Have Been Entered								
als Date: <input type="text"/> Time: <input type="text"/> (HH:mm)				Temperature: <input type="text"/> °C <input type="text"/> °F	Sys. BP: <input type="text"/> Dia. BP: <input type="text"/>	Pulse Rate: <input type="text"/> Respiratory Rate: <input type="text"/>		Oxygen Saturation: <input type="text"/>
gow Eye: <input type="text"/>				Calc. GCS: <input type="text"/> Manual GCS: <input type="text"/> RTS: <input type="text"/>	Supplemental Oxygen: <input type="text"/>	Resp. Assistance: <input type="text"/>		
w Verbal: <input type="text"/>								
w Motor: <input type="text"/>								
(Up to 3) <input type="text"/>								
<input type="text"/> Patient's Age is over 2 yrs. <input type="text"/> Patient's Age is over 2 yrs. <input type="text"/> Patient Chemically Sedated <input type="text"/> Obstruction to the Patients Eye <input type="text"/> Patient Intubated								
<input type="button" value="Add Vital Sign"/> <input type="button" value="Save Order"/> <input type="button" value="Cancel"/>								

The “Manual GCS” element (TR18.19) is defined as the first recorded Glasgow Coma score (total) in the ED/Hospital within 30 minutes or less of ED/Hospital arrival. Utilize this field only if the total score is available, but the component scores are not. The GCS is used to auto-generate an additional calculated field: Revised Trauma Score in the ED (adult & pediatric). This is a national and state data element.

The “RTS” element (TR18.28) is the Revised Trauma Score and is auto-generated (adult). It is defined as the physiological scoring system used to predict death from injury or need for trauma center care. It is scored based upon the initial vital signs obtained from the patient in the ED or hospital setting.



## Initial Assessment Screen – Vital Signs (9)

Date/Time	BP	Pulse Rate	Resp Rate	SpO2	GCS	RTS	PTS	Temp
No Vitals Have Been Entered								
als Date: <input type="text"/> Time: <input type="text"/> (HH:mm)				Temperature: <input type="text"/> °C <input type="text"/> °F	Sys. BP: <input type="text"/> Dia. BP: <input type="text"/>	Pulse Rate: <input type="text"/>	Respiratory Rate: <input type="text"/>	Oxygen Saturation: <input type="text"/>
gow Eye: <input type="text"/>				Calc. GCS: <input type="text"/> Manual GCS: <input type="text"/> RTS: <input type="text"/>	Supplemental Oxygen: <input type="text"/>		Resp. Assistance: <input type="text"/>	
w Verbal: <input type="text"/>								
w Motor: <input type="text"/>								
(Up to 3) <input type="text"/>								
<input type="text"/> Patient's Age is over 2 yrs. <input type="text"/> Patient's Age is over 2 yrs. <input type="text"/> Patient Chemically Sedated <input type="text"/> Obstruction to the Patients Eye <input type="text"/> Patient Intubated								
<input type="button" value="Add Vital Sign"/> <input type="button" value="Save Order"/> <input type="button" value="Cancel"/>								

The “Resp. Assistance” element (TR18.10) is defined as an indication as to if the respiratory rate reported above was assisted or unassisted by the initial ED/hospital staff. Only complete if a value is provided for the “Respiratory Rate” in the ED/Hospital setting. Select an option from the drop-down menu. This is a national and state data element.

Once you have entered all available information, to save the changes, click the “Add Vital Sign” button.

# Initial Assessment Screen – Vital Signs (10)

**Vital Signs**

Date/Time	BP	Pulse Rate	Resp Rate	SpO2	GCS	RTS	PTS	Temp
	120/60	100	80	95	12	6.6132		98.60°F

Vitals Date: [ ] Time: [ ] (HH:mm)

Glasgow Eye: Not Applicable

Glasgow Verbal: Not Applicable

Glasgow Motor: Not Applicable

GCS Qualifier (Up to 3):
 

- Obstruction to the Patients Eye
- Patient Intubated
- Valid GCS: Patient was not sedated, not intubated, and did not have obstruction to the eye
- Not Known / Not Recorded

Temperature: [ ] °C [ ] °F

Calc. GCS: [ ] Manual GCS: [ ] RTS: [ ]

Sys. BP: [ ] Dia. BP: [ ]

Supplemental Oxygen: Not Applicable

Pulse Rate: [ ] Respiratory Rate: [ ] Oxygen Saturation: [ ]

Resp. Assistance: Not Applicable

\* will be automatically calculated if possible.




Add Vital Sign Save Order Cancel

Rx CT

Once you have clicked “Add Vital Sign”, the screen will refresh and you will see the information in the middle of the screen. On the left-hand side of the screen there is an EKG icon that allows you to edit the ED/Hospital vitals. If you change any of the information, you must click the “Save” button and the screen will refresh and show the updated information in the middle of the screen. Once you have entered sets of vital signs taken, change the order of the vital signs by clicking and dragging the black arrows on the left-hand side of the screen.

Delete the collected Vital Signs by clicking on the red X Icon on the right-hand side of the screen.

## Initial Assessment Screen – Rx

Rx	CT
<b>Airway Management</b> <input type="text" value="Not Applicable"/>	<b>CT Head:</b> <input type="text" value="Not Applicable"/>
<b>CPR Performed</b> <input type="text" value="Not Applicable"/>	<b>CT Abd/Pelvis:</b> <input type="text" value="Not Applicable"/>
<b>Units of Blood:</b> <input type="text"/>	<b>CT Chest:</b> <input type="text" value="Not Applicable"/>
<b>Blood Ordered Date:</b> <input type="text"/>  Today <input type="text"/>	<b>CT Cervical:</b> <input type="text" value="Not Applicable"/>
<b>Crossmatch Date:</b> <input type="text"/>  Today <input type="text"/>	
<b>Blood Administered Date:</b> <input type="text"/>  Today <input type="text"/>	


  

Lab	
<b>Alcohol Use Indicator:</b> <input type="text" value="Not Applicable"/>	<b>Blood Alcohol Content:</b> <input type="text"/>
	mg/dl
<b>Base Deficit:</b> <input type="text"/>	meq/l

Facility Defined Questions	
Is the patient wearing dentures	<input type="text" value="----Select One----"/>




  



The “Airway Management” element (TR14.36) is an indication as to whether a device or procedure was performed to prevent or correct an obstructed respiratory passage while under the care of the ED/Hospital. Select an option from the drop-down menu.

The “CPR Performed” element (TR18.71) is an indication as to whether CPR management was conducted while under the care of the ED/Hospital. Select an option from the drop-down menu.

## Initial Assessment Screen – Rx (2)

Rx	CT
<b>Airway Management</b> <input type="text" value="Not Applicable"/>	<b>CT Head:</b> <input type="text" value="Not Applicable"/>
<b>CPR Performed</b> <input type="text" value="Not Applicable"/>	<b>CT Abd/Pelvis:</b> <input type="text" value="Not Applicable"/>
<b>Units of Blood:</b> <input type="text"/>	<b>CT Chest:</b> <input type="text" value="Not Applicable"/>
<b>Blood Ordered Date:</b> <input type="text"/>  Today <input type="text"/>	<b>CT Cervical:</b> <input type="text" value="Not Applicable"/>
<b>Crossmatch Date:</b> <input type="text"/>  Today <input type="text"/>	
<b>Blood Administered Date:</b> <input type="text"/>  Today <input type="text"/>	


  

Lab	
<b>Alcohol Use Indicator:</b> <input type="text" value="Not Applicable"/> *	<b>Blood Alcohol Content:</b> <input type="text"/>
	mg/dl
<b>Base Deficit:</b> <input type="text"/> meq/l	

Facility Defined Questions
Is the patient wearing dentures <input type="text" value="----Select One----"/>




  



The “Units of Blood” element (TR22.13) is the number of units of blood administered to the patient in the first 24 hours at the ED/Hospital.

The “Blood Ordered Date” element (TR22.14) is the date and time the blood was ordered for the patient in the ED/Hospital. If you used the ‘Date/Time Helper’ from the Demographics Screen, this information will already be in the system. Also, if you would prefer not to type in the date, click on the calendar icon and select a date.

## Initial Assessment Screen – Rx (3)

Rx	CT
<b>Airway Management</b> <input type="text" value="Not Applicable"/>	<b>CT Head:</b> <input type="text" value="Not Applicable"/>
<b>CPR Performed</b> <input type="text" value="Not Applicable"/>	<b>CT Abd/Pelvis:</b> <input type="text" value="Not Applicable"/>
<b>Units of Blood:</b> <input type="text"/>	<b>CT Chest:</b> <input type="text" value="Not Applicable"/>
<b>Blood Ordered Date:</b> <input type="text"/>  Today <input type="text"/>	<b>CT Cervical:</b> <input type="text" value="Not Applicable"/>
<b>Crossmatch Date:</b> <input type="text"/>  Today <input type="text"/>	
<b>Blood Administered Date:</b> <input type="text"/>  Today <input type="text"/>	


  

Lab	
<b>Alcohol Use Indicator:</b> <input type="text" value="Not Applicable"/> * <b>Blood Alcohol Content:</b> <input type="text" value=""/>	
	mg/dl
<b>Base Deficit:</b> <input type="text"/> meq/l	




Facility Defined Questions
Is the patient wearing dentures <input type="text" value="----Select One----"/>



The “Crossmatch Date” element (TR22.15) is the date and time the blood was crossmatched for the patient in the ED/Hospital. If you used the ‘Date/Time Helper’ from the Demographics Screen, this information will already be in the system. Also, if you would prefer not to type in the date, click on the calendar icon and select a date.

## Initial Assessment Screen – Rx (4)

Rx	CT
<b>Airway Management</b> <input type="text" value="Not Applicable"/>	<b>CT Head:</b> <input type="text" value="Not Applicable"/>
<b>CPR Performed</b> <input type="text" value="Not Applicable"/>	<b>CT Abd/Pelvis:</b> <input type="text" value="Not Applicable"/>
<b>Units of Blood:</b> <input type="text"/>	<b>CT Chest:</b> <input type="text" value="Not Applicable"/>
<b>Blood Ordered Date:</b> <input type="text"/>  Today <input type="text"/>	<b>CT Cervical:</b> <input type="text" value="Not Applicable"/>
<b>Crossmatch Date:</b> <input type="text"/>  Today <input type="text"/>	
<b>Blood Administered Date:</b> <input type="text"/>  Today <input type="text"/>	


  

Lab
<b>Alcohol Use Indicator:</b> <input type="text" value="Not Applicable"/> * <b>Blood Alcohol Content:</b> <input type="text" value=""/> mg/dl
<b>Base Deficit:</b> <input type="text"/> meq/l

Facility Defined Questions
Is the patient wearing dentures <input type="text" value="----Select One----"/>



The “Blood Administered Date” element (TR22.16) is the date and time the blood was administered to the patient in the ED/Hospital. If you used the ‘Date/Time Helper’ from the Demographics Screen, this information will already be in the system. Also, if you would prefer not to type in the date, click on the calendar icon and select a date.



## Initial Assessment Screen – CT

**CT**

<b>CT Head:</b>	<input type="text" value="Not Applicable"/>	<b>Date Sent To CT:</b>	<input type="text"/>	<input type="text" value="Time:"/>	<b>Abdominal Ultrasound:</b>	<input type="text" value="Not Applicable"/>
<b>CT Abd/Pelvis:</b>	<input type="text" value="Not Applicable"/>	<b>Abdominal Ultrasound Date:</b>	<input type="text"/>	<input type="text" value="Time:"/>	<b>Arteriogram:</b>	<input type="text" value="Not Applicable"/>
<b>CT Chest:</b>	<input type="text" value="Not Applicable"/>				<b>Aortogram:</b>	<input type="text" value="Not Applicable"/>
<b>CT Cervical:</b>	<input type="text" value="Not Applicable"/>					

<input type="text" value="mg/dl"/>	<b>Blood Alcohol Content:</b>	<input type="text"/>	<b>Drug Use Indicator:</b>	<input type="text" value="Not Applicable"/>
<input type="text" value="meq/l"/>				<input type="text" value="No (not tested)"/>
				<input type="text" value="No (confirmed by test)"/>
				<input type="text" value="Yes (confirmed by test [prescription drug])"/>

The “CT Head” element (TR18.72) is an indication as to whether this procedure was performed while under the care of the ED/Hospital. Select an option from the drop-down menu.

The “CT Abd/Pelvis” element (TR18.73) is an indication as to if whether this procedure performed while under the care of the ED/Hospital. Select an option from the drop-down menu.

## Initial Assessment Screen – CT (2)

**CT**

<b>CT Head:</b>	Not Applicable	<b>Date Sent To CT:</b>		<b>Time:</b>		<b>Abdominal Ultrasound:</b>	Not Applicable
<b>CT Abd/Pelvis:</b>	Not Applicable	<b>Abdominal Ultrasound Date:</b>		<b>Time:</b>		<b>Arteriogram:</b>	Not Applicable
<b>CT Chest:</b>	Not Applicable					<b>Aortogram:</b>	Not Applicable
<b>CT Cervical:</b>	Not Applicable						

<b>Blood Alcohol Content:</b>		<b>Drug Use Indicator:</b>	Not Applicable
	mg/dl		No (not tested)
			No (confirmed by test)
			Yes (confirmed by test [prescription drug])

The “CT Chest” element (TR18.74) is an indication as to whether this procedure was performed while under the care of the ED/Hospital. Select an option from the drop-down menu.

The “CT Cervical” element (TR18.105) is an indication as to whether this procedure was performed while under the care of the ED/Hospital. Select an option from the drop-down menu.

## Initial Assessment Screen – CT (3)

**CT**

CT Head:

Not Applicable

CT Abd/Pelvis:

Not Applicable

CT Chest:

Not Applicable

CT Cervical:

Not Applicable

Date Sent To CT:

Time:

Abdominal Ultrasound Date:

Time:

Abdominal Ultrasound:

Not Applicable

Arteriogram:

Not Applicable

Aortogram:

Not Applicable

\*

Blood Alcohol Content:

mg/dl

meq/l

Drug Use Indicator:

Not Applicable

No (not tested)

No (confirmed by test)

Yes (confirmed by test [prescription drug])

The “Date Sent to CT” element (TR18.101) is the date the patient had the CT performed while under the care of the ED/Hospital. If you used the ‘Date/Time Helper’ from the Demographics Screen, this information will already be in the system. Also, if you would prefer not to type in the date, click on the calendar icon and select a date.

The “Time” element (TR18.111) is the time the patient had the CT performed while under the care of the ED/Hospital.

## Initial Assessment Screen – CT (4)

**CT**

<b>CT Head:</b>	Not Applicable	<b>Date Sent To CT:</b>			<b>Time:</b>		<b>Abdominal Ultrasound:</b>	Not Applicable
<b>CT Abd/Pelvis:</b>	Not Applicable	<b>Abdominal Ultrasound Date:</b>			<b>Time:</b>		<b>Arteriogram:</b>	Not Applicable
<b>CT Chest:</b>	Not Applicable						<b>Aortogram:</b>	Not Applicable
<b>CT Cervical:</b>	Not Applicable							

	<b>Blood Alcohol Content:</b>		<b>Drug Use Indicator:</b>	Not Applicable
		mg/dl		No (not tested)
				No (confirmed by test)
				Yes (confirmed by test [prescription drug])

meq/l

The “Abdominal Ultrasound Date” element (TR18.102) is the date the patient had the abdominal ultrasound performed while under the care of the ED/Hospital. If you used the ‘Date/Time Helper’ from the Demographics Screen, this information will already be in the system. Also, if you would prefer not to type in the date, click on the calendar icon and select a date.

The “Time” element (TR18.112) is the time the patient had the abdominal ultrasound performed while under the care of the ED/Hospital. If you used the ‘Date/Time Helper’ from the Demographics Screen, this information will already be in the system.

## Initial Assessment Screen – CT (5)

**CT**

<b>CT Head:</b>	Not Applicable	<b>Date Sent To CT:</b>		<b>Time:</b>		<b>Abdominal Ultrasound:</b>	Not Applicable
<b>CT Abd/Pelvis:</b>	Not Applicable	<b>Abdominal Ultrasound Date:</b>		<b>Time:</b>		<b>Arteriogram:</b>	Not Applicable
<b>CT Chest:</b>	Not Applicable					<b>Aortogram:</b>	Not Applicable
<b>CT Cervical:</b>	Not Applicable						

<b>Blood Alcohol Content:</b>		<b>Drug Use Indicator:</b>	Not Applicable
	mg/dl		No (not tested)
			No (confirmed by test)
			Yes (confirmed by test [prescription drug])

meq/l

The “Abdominal Ultrasound” element (TR18.75) is an indication as to if this procedure was performed while under the care of the ED/Hospital. Select an option from the drop-down menu.

The “Arteriogram” element (TR18.76) is an indication as to whether this procedure was performed while under the care of the ED/Hospital. Select an option from the drop-down menu.

## Initial Assessment Screen – CT (6)

**CT**

CT Head:	<input type="text" value="Not Applicable"/>	Date Sent To CT:	<input type="text"/>	Time:	<input type="text"/>	Abdominal Ultrasound:	<input type="text" value="Not Applicable"/>
CT Abd/Pelvis:	<input type="text" value="Not Applicable"/>	Abdominal Ultrasound Date:	<input type="text"/>	Time:	<input type="text"/>	Arteriogram:	<input type="text" value="Not Applicable"/>
CT Chest:	<input type="text" value="Not Applicable"/>					Aortogram:	<input type="text" value="Not Applicable"/>
CT Cervical:	<input type="text" value="Not Applicable"/>						

<input type="text" value="mg/dl"/>	Blood Alcohol Content:	<input type="text"/>	Drug Use Indicator:	<input type="text" value="Not Applicable"/>
<input type="text" value="meq/l"/>				<input type="text" value="No (not tested)"/>
				<input type="text" value="No (confirmed by test)"/>
				<input type="text" value="Yes (confirmed by test [prescription drug])"/>

The “Aortogram” element (TR18.77) is an indication as to whether this procedure was performed while under the care of the ED/Hospital. Select an option from the drop-down menu.

## Initial Assessment Screen – Lab

**Lab**

**Alcohol Use Indicator:** Yes(confirmed by test [trace levels]) ▾ \*

**Blood Alcohol Content:**  mg/dl

**Drug Use Indicator:** Not Applicable  
No (not tested)  
No (confirmed by test)  
Yes (confirmed by test [prescription drug]) ▾ \*

**Base Deficit:**  meq/l

**Facility Defined Questions**

Is the patient wearing dentures

----Select One----

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Indiana Patient Registry

The “Alcohol Use Indicator” element (TR18.46) is an indication as to whether the patient has some level of alcohol in their blood. Select an option from the drop-down menu. This is a national and state data element.

If “Yes” is selected in the “Alcohol Use Indicator” element, a new data element will appear on the form that will allow you to numerically enter the patient’s Blood Alcohol Content (BAC) (TR18.103).

## Initial Assessment Screen – Lab (2)

**Lab**

**Alcohol Use Indicator:** Yes(confirmed by test [trace levels]) ▾ \*

**Blood Alcohol Content:**  mg/dl

**Drug Use Indicator:**

Not Applicable  
No (not tested)  
No (confirmed by test)  
Yes (confirmed by test (prescription drug)) ▾ \*

**Base Deficit:**  meq/l

**Facility Defined Questions**

Is the patient wearing dentures

----Select One---- ▾

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Indiana Patient Registry

The “Base Deficit” element (TR18.93) is the first recorded arterial blood gas component showing the degree of acid/base imbalance in the patient’s blood. Enter a numerical value.

The “Drug Use Indicator” element (TR18.45) is an indication as to whether the patient has some level of drugs in their blood. Select from a drop-down menu. This is a national and state data element.



## Initial Assessment Screen – Lab (3)

pplicable   
pplicable   
pplicable   
pplicable

Date Sent To CT:   Time:   
Abdominal Ultrasound Date:   Time:

Abdominal Ultrasound:  Not Applicable  
Arteriogram:  Not Applicable  
Aortogram:  Not Applicable

ntent:   
mg/dl

Drug Use Indicator:  Not Applicable  
No (not tested)  
No (confirmed by test)  
Yes (confirmed by test (prescription drug))

Drug Screen:

If “Yes” is selected in the “Drug Use Indicator” element, a new data element (TR18.91) will appear on the form that will allow you to select the drugs present when drug screening was performed in the ED.

## Initial Assessment Screen – Add Drugs

**Add Drugs**

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 All

Search:

Description		
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Antidepressants (including Tricyclics)	<input type="checkbox"/> Ethanol	<input type="checkbox"/> Opiates (including Propoxyphene)
<input type="checkbox"/> Barbiturate	<input type="checkbox"/> Marijuana (cannabis)	<input type="checkbox"/> PCP
<input type="checkbox"/> Benzodiaz	<input type="checkbox"/> Methamphetamines	<input type="checkbox"/> Not Known / Not Recorded

The “Add Drug” element is where drugs present in the patient’s system are listed. When you click on the “Add Drug” button, it pulls up a list of drugs to choose from. Select multiple boxes that apply to the patient. When you are done selecting drugs, click the “Save” button to return to the main Initial Assessment Screen.

## Initial Assessment Screen – Save & Continue

pplicable  Date Sent To CT:   Time:   
pplicable  Abdominal Ultrasound Date:   Time:  Abdominal Ultrasound: Not Applicable   
pplicable  Arteriogram: Not Applicable   
pplicable  Aortogram: Not Applicable

ntent:  mg/dl Drug Use Indicator: Not Applicable  
No (not tested)  
No (confirmed by test)  
Yes (confirmed by test (prescription drug)) \*  
Drug Screen:

Click the “Save and Continue” button to save the information just entered and to continue to the next tab. Clicking the “Save” button will save the information, but you will not progress to the next tab.